| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| SOUTHERN DISTRICT OF INDIANA | - | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Robert First name Duane Middle name Vaughn Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3374 | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 2 of 58

Debtor 1 Robert Duane Vaughn

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 737 Fern St | If Debtor 2 lives at a different address: |
| | | Greenfield, IN 46140-7528 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Hancock County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 3 of 58

| Deb | otor 1 Robert Duane Vau | ghn | | | Case number (if known) | |
|-----|--|-------------------------------|---|--|--|-------------|
| | | | | | | |
| Par | t 2: Tell the Court About | our Bankruptcy C | ase | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | each, see <i>Notice Required by</i> ge 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankr e box. | ruptcy |
| | choosing to file under | Chapter 7 | | | | |
| | | ☐ Chapter 11 | | | | |
| | | ☐ Chapter 12 | | | | |
| | | ☐ Chapter 13 | | | | |
| | | | | | | |
| 8. | How you will pay the fee | about how y | ou may pay. Typica Ir attorney is submitt | lly, if you are paying the fee yo | k with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, o alf, your attorney may pay with a credit card or ch | or money |
| | | | | | n, sign and attach the Application for Individuals | to Pay |
| | | • | Fee in Installments (C nat my fee be waive | , | only if you are filing for Chapter 7. By law, a jud | ge may |
| | | but is not re applies to y | quired to, waive you our family size and y | r fee, and may do so only if yo ou are unable to pay the fee ir | ur income is less than 150% of the official poverty installments). If you choose this option, you must lal Form 103B) and file it with your petition. | y line that |
| _ | Have you filed for | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | |
| | last 8 years? | ☐ Yes. | | | | |
| | | District | | When | Case number | |
| | | District | | When When | Case number | |
| | | Distric | | when | Case number | |
| 10. | Are any bankruptcy | ■ No | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | |
| | | Debtor | | | Relationship to you | |
| | | District | t | When | Case number, if known | |
| | | Debtor | | | Relationship to you | |
| | | District | t | When | Case number, if known | |
| 11 | Do you rent your | Go to | line 12. | | | |
| ٠٠. | residence? | | | d an oviction judgment agains | tyou? | |
| | | ■ Yes. Has y | | d an eviction judgment agains | r you? | |
| | | | No. Go to line 12. | | | |
| | | | Yes. Fill out <i>Initial</i> bankruptcy petitio | | <i>ludgment Against You</i> (Form 101A) and file it witl | h this |
| | | | | | | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 4 of 58

| Deb | otor 1 Robert Duane Val | ughn | | | Case number (if known) | |
|-----|---|------------------------------|---|--|--|--|
| | | | | | | |
| Par | t 3: Report About Any Bu | ısinesses | You Owr | as a Sole Proprie | ietor | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of bus | usiness | |
| | A sole proprietorship is a | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | e of business, if any | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | per, Street, City, Stat | tate & ZIP Code | |
| | it to this petition. | | Chec | k the appropriate bo | box to describe your business: | |
| | | | | Health Care Busir | siness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | eal Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broke | ker (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | ove | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation in 11 U.S | s. If you ir is, cash-f s.C. 1116 | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure C. 1116(1)(B). | | |
| | For a definition of small | No. | i aiii i | not filing under Chap | артег тт. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am f | iling under Chapter | er 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | ous Property or An | Any Property That Needs Immediate Attention | |
| 14. | Do you own or have any | ■ No. | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | · | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | |
| | | | | | Number, Street, City, State & Zip Code | |
| | | | | | | |

Debtor 1 Robert Duane Vaughn

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 6 of 58

| Deb | ebtor 1 Robert Duane Vaughn Case number (if known) | | | number (if known) | |
|------|--|-----------------------|---|---|--|
| Part | 6: Answer These Quest | ions for R | eporting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily individual primarily for a p | y consumer debts? Consumer debts are personal, family, or household purpose." | re defined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | y business debts? Business debts are investment or through the operation of the | |
| | | | ☐ No. Go to line 16c. | 3 | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts yo | ou owe that are not consumer debts or be | usiness debts |
| | | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chap | oter 7. Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | 7. Do you estimate that after any exemple available to distribute to unsecured cred | ot property is excluded and administrative expenses ditors? |
| | administrative expenses | | ■ No | | |
| | are paid that funds will be available for | | □Yes | | |
| | distribution to unsecured creditors? | | | | |
| 18. | How many Creditors do | ■ 1-49 | | 1 ,000-5,000 | □ 25,001-50,000 |
| | you estimate that you owe? | ☐ 50-99 | | 5001-10,000 | 5 0,001-100,000 |
| | OWC: | <u> </u> | | ☐ 10,001-25,000 | ☐ More than100,000 |
| | | □ 200-9 | 99 | | |
| 19. | | \$0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio | |
| | | □ \$500,0 | 001 - \$1 million | — \$100,000,001 - \$500 Hillio | Wore than \$50 billion |
| 20. | How much do you | \$0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio | _ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |
| | | □ \$500, | 001 - \$1 million | □ \$100,000,001 - \$500 millio | in |
| Part | 7: Sign Below | | | | |
| For | you | I have ex | amined this petition, and I | declare under penalty of perjury that the | information provided is true and correct. |
| | | | | | igible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7. |
| | | | | did not pay or agree to pay someone who d the notice required by 11 U.S.C. § 342 | o is not an attorney to help me fill out this (b). |
| | | I request | relief in accordance with the | he chapter of title 11, United States Code | e, specified in this petition. |
| | | bankrupto and 3571 | cy case can result in fines | | oney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | | ert Duane Vaughn Duane Vaughn | Signature of | Debtor 2 |
| | | | e of Debtor 1 | Signature of | DEDIUI Z |
| | | Executed | on 11/25/2019 | Executed on | |
| | | | MM / DD / YYYY | | MM / DD / YYYY |
| | | | | | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 7 of 58

| Debtor 1 | Robert Duane Vaughn | Case number (if known) | |
|----------|---------------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jennifer L. Thornburg Signature of Attorney for Debtor | Date | 11/25/2019 MM / DD / YYYY |
|--|---------------|-------------------------------|
| Jennifer L. Thornburg 24001-76, Indiana Printed name | | |
| Law Office of Jennifer L. Thornburg LLC Firm name | | |
| 112 N. State St. Greenfield, IN 46140-2176 | | |
| Number, Street, City, State & ZIP Code Contact phone (317) 477-8094 | Email address | jthornburg@thornburgbklaw.com |
| 24001-76, Indiana IN Bar number & State | | |

| HII | in this information to identify your | case. | | . 3 | |
|------|---|-----------------------------|---|------------|---------------------------------|
| | | | | | |
| Det | Robert Duane Va | Middle Name | Last Name | | |
| | otor 2 use if, filling) First Name | Middle Name | Last Name | | |
| | ed States Bankruptcy Court for the: | SOUTHERN DISTRICT | | | |
| | , , | | | | |
| | e number own) | | | _ | ck if this is an nded filing |
| | ficial Form 106Sum | and Liabilities on | ed Cartain Statistical Information | | 1045 |
| | • | | ac Certain Statistical Information are filing together, both are equally responsible for | or supply | 12/15 ing correct |
| info | | es first; then complete th | e information on this form. If you are filing amend | | |
| Par | 11: Summarize Your Assets | | | | |
| | | | | | assets of what you own |
| 1. | Schedule A/B: Property (Official F 1a. Copy line 55, Total real estate, to | | | \$ | 0.00 |
| | 1b. Copy line 62, Total personal pro | perty, from Schedule A/B | | \$ | 7,802.54 |
| | 1c. Copy line 63, Total of all proper | y on Schedule A/B | | \$ | 7,802.54 |
| Par | 2: Summarize Your Liabilities | | | | |
| | | | | Your | liabilities |
| | | | | Amou | nt you owe |
| 2. | Schedule D: Creditors Who Have C 2a. Copy the total you listed in Colu | | (Official Form 106D) the bottom of the last page of Part 1 of Schedule D | \$ | 4,726.02 |
| 3. | Schedule E/F: Creditors Who Have 3a. Copy the total claims from Part | | Form 106E/F) s) from line 6e of Schedule E/F | \$ | 3,109.07 |
| | 3b. Copy the total claims from Part | 2 (nonpriority unsecured cl | aims) from line 6j of Schedule E/F | \$ | 19,539.92 |
| | | | Your total liabilities | • | 27 275 04 |
| | | | Your total liabilities | _ | 27,375.01 |
| Par | 3: Summarize Your Income and | l Expenses | | | |
| 4. | Schedule I: Your Income (Official Fo | | <i>I</i> | \$ | 3,835.58 |
| 5. | Schedule J: Your Expenses (Official Copy your monthly expenses from I | | | \$ | 3,827.30 |
| Par | 4: Answer These Questions for | Administrative and Stati | stical Records | | |
| 6. | Are you filing for bankruptcy und ☐ No. You have nothing to repor | • | neck this box and submit this form to the court with yo | ur other s | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | | | |
| | | | debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159. | a persona | ıl, family, or |
| | Your debts are not primarily the court with your other sched | | ve nothing to report on this part of the form. Check this | s box and | submit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 9 of 58

Debtor 1 Robert Duane Vaughn Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,090.11

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following: | Tota | l claim |
|--|------|----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 3,109.07 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 3,109.07 |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 10 of 58

| mation to identify your case a | | | |
|--|--|---|--|
| mation to identify your case a | ind this filing: | | |
| Robert Duane Vaughn | | | |
| First Name | Middle Name Last Name | | |
| First Name | Middle Name Last Name | | |
| ankruptcy Court for the: SOU | THERN DISTRICT OF INDIANA | | |
| | | | |
| | | | ☐ Check if this is an amended filing |
| | | | amended ming |
| 4004/5 | | | |
| | | | |
| e A/B: Propert | y | | 12/15 |
| e space is needed, attach a sepa stion. | rate sheet to this form. On the top of any additional pages | | |
| have any legal or equitable intere | st in any residence, building, land, or similar property? | | |
| + O | | | |
| | | | |
| s the property: | | | |
| | | | |
| Your Vehicles | | | |
| | | | |
| GMC | Who has an interest in the property? Check one | | laims or exemptions. Put |
| Envoy | Debtor 1 only | | ims Secured by Property. |
| 2004 | Debtor 2 only | | |
| | | entire property? | portion you own? |
| | ☐ At least one of the debtors and another | | |
| at debter 3 residence | ☐ Check if this is community property (see instructions) | \$2,500.00 | \$2,500.00 |
| | | | |
| | rist Name ankruptcy Court for the: SOUTH 106A/B e A/B: Property reparately list and describe items le as complete and accurate as pure espace is needed, attach a separation. Each Residence, Building, Land, nave any legal or equitable interest 2. Is the property? Your Vehicles se, or have legal or equitable ves. If you lease a vehicle, also ucks, tractors, sport utility versus ucks, tractors, sport utility versus at debtor's residence GMC Envoy 2004 Te mileage: 196,653 Thation: The property of the property o | First Name Middle Name Last Name Inkruptcy Court for the: SOUTHERN DISTRICT OF INDIANA In 106A/B Parately list and describe items. List an asset only once. If an asset fits in more than on e as a complete and accurate as possible. If two married people are filing together, both are e space is needed, attach a separate sheet to this form. On the top of any additional page tition. Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In nave any legal or equitable interest in any residence, building, land, or similar property? 12. Is the property? Your Vehicles See, or have legal or equitable interest in any vehicles, whether they are register ves. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unucks, tractors, sport utility vehicles, motorcycles GMC Envoy 2004 Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 and Debtor 3 only At least one of the debtors and another Check if this is community property (see instructions) | Intruptory Court for the: SOUTHERN DISTRICT OF INDIANA SOUTHERN DISTRICT OF INDIANA First Name A/B: Property Departely list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in eas complete and accurate as possible. If two married people are filing together, both are equally responsible for see space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and castistion. Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In nave any legal or equitable interest in any residence, building, land, or similar property? 12. It is the property? Your Vehicles See, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Unexpired Leases. Who has an interest in the property? Check one below the amount of any security of the amount of any |

Examples: Dogs, cats, birds, horses

■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 12 of 58

| De | ebtor 1 | Robert Duane | Vaug | hn | | Case number (if known) | |
|-----|-------------------|---|-------------|-----------------------------|--|---|---|
| 15 | | | | | Part 3, including any er | ntries for pages you have attached | \$3,300.00 |
| Pa | rt 4: De | scribe Your Financi | al Asset | S | | | |
| | | | | | n any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | | | | ome, in a safe deposit b | ox, and on hand when you file your peti | tion |
| 17. | Examp | | | | counts; certificates of dep s with the same institution | posit; shares in credit unions, brokerage on, list each. | houses, and other similar |
| | □ No ■ Yes | | | | Institution name | : | |
| | | | 17.1. | Checking | Fifth Third Ba | ınk | \$290.00 |
| | | | | | | | |
| | | | 17.2. | Checking | Fifth Third Ba | ınk | \$18.48 |
| | | | 17.3. | Checking | Fifth Third Ba | ınk | \$0.10 |
| 18. | Examp ■ No | , mutual funds, o oles: Bond funds, ii | | | rokerage firms, money m | narket accounts | |
| 19. | | ublicly traded sto enture | ck and | interests in incorp | oorated and unincorpor | rated businesses, including an intere | st in an LLC, partnership, and |
| | | Give specific info | | about them me of entity: | | % of ownership: | |
| | Negoti Non-n | iable instruments ir | nclude p | personal checks, ca | | able instruments ory notes, and money orders. gning or delivering them. | |
| | ■ No □ Yes. | Give specific infor | | about them uer name: | | | |
| | | ment or pension a ples: Interests in IR | | | 403(b), thrift savings acc | counts, or other pension or profit-sharing | g plans |
| | Yes. | List each account | | ely. of account: | Institution name | : | |
| | | | 401(k | κ) | T.Rowe Price | | \$598.96 |
| | Your s | ty deposits and p hare of all unused oles: Agreements v | deposit | s you have made s | o that you may continue, public utilities (electric, | service or use from a company gas, water), telecommunications compa | anies, or others |
| | | | | | Institution name | or individual: | |
| ~ | - 168. | | | | 0 1 1 1 1 5 - | | _ |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 13 of 58

Debtor 1 Case number (if known) Robert Duane Vaughn FirstKey Homes \$1,095.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Potential prorated tax refunds Unknown Federal and State Potential earned income credit Unknown Federal and State 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☐ No Yes. Give specific information.. Unknown Wages due and owing on the petition date 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company of each policy and list its value.

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 14 of 58

Debtor 1 Robert Duane Vaughn

Company name:

Beneficiary:

Surrender or refuvalue:

| | | Company name: | Beneficiary: | Surrender or refund value: |
|------------|--|--|--|----------------------------|
| | | Employer- Term life policy insuring Debtor's life with no cash surrender value | Daughter | \$0.00 |
| | | at is due you from someone who has died a living trust, expect proceeds from a life insu | | ceive property because |
| | | | | |
| 33. | | es, whether or not you have filed a lawsuit or syment disputes, insurance claims, or rights to | | |
| | Other contingent and unlid No Yes. Describe each claim | quidated claims of every nature, including | counterclaims of the debtor and rights t | o set off claims |
| 35. | Any financial assets you d ■ No □ Yes. Give specific informa | id not already list | | |
| 36 | | ll of your entries from Part 4, including any ber here | | \$2,002.54 |
| Pa | rt 5: Describe Any Business-R | Related Property You Own or Have an Interest In. | List any real estate in Part 1. | |
| 37. | Do you own or have any legal | or equitable interest in any business-related pro | perty? | |
| ı | No. Go to Part 6. | | | |
| [| ☐ Yes. Go to line 38. | | | |
| Pa | | Commercial Fishing-Related Property You Own on the commercial Fishing-Related Property You Own on the commercial Fishing-Related Property You Own of the Commercial Fishing-Related Fishing-Rela | or Have an Interest In. | |
| 46. | | gal or equitable interest in any farm- or co | mmercial fishing-related property? | |
| | ■ No. Go to Part 7. ☐ Yes. Go to line 47. | | | |
| | Tes. Go to line 47. | | | |
| Pa | rt 7: Describe All Propert | y You Own or Have an Interest in That You Did N | Not List Above | |
| | Do you have other propert Examples: Season tickets, o | y of any kind you did not already list? country club membership | | |
| | ☐ Yes. Give specific informa | tion | | |
| 5 1 | Add the dollar value of a | I of your entries from Part 7 Write that nur | mber bere | \$0.00 |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 15 of 58

| Deb | Robert Duane Vaughn | | | Case number (if known) | |
|------|--|---|------------|------------------------------|------------|
| Part | 8: List the Totals of Each Part of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$2,500.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | | \$3,300.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$2,002.54 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | | \$7,802.54 | Copy personal property total | \$7,802.54 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | | \$7,802.54 |

| exemptions. 1 | n if your spouse is filing with 11 U.S.C. § 522(b)(3) empt, fill in the informatio Amount of the exemption your check only one box for each 100% of fair market any applicable statu | n below. you claim exemption. \$2,500.00 value, up to | Specific laws that allow exemption Ind. Code § 34-55-10-2(c)(2) | |
|---|--|---|--|-----------|
| exemptions. 1 § 522(b)(2) bu claim as exent value of the you own the value from fulle A/B | empt, fill in the informatio Amount of the exemption of the control of the contr | n below. you claim | · | |
| k one only, evel exemptions. 1 § 522(b)(2) ou claim as exe nt value of the on you own the value from | 11 U.S.C. § 522(b)(3) empt, fill in the informatio Amount of the exemption | n below. /ou claim | Specific laws that allow exemption | |
| k one only, even exemptions. 1 § 522(b)(2) ou claim as exe nt value of the | 11 U.S.C. § 522(b)(3) | n below. | Specific laws that allow exemption | |
| k one only, ever exemptions. 1 § 522(b)(2) | 11 U.S.C. § 522(b)(3) | , | | |
| k one only, ever | , , | n you. | | |
| k one only, evel | , , | n you. | | |
| | n if your spouse is filing wit | າ you. | | |
| | | | | |
| | | | | |
| people are filing I Form 106A/B) Part 2: Addition nust specify the nay claim the for as those for if you claim an | as your source, list the pronal Page as necessary. On e amount of the exemptio ull fair market value of the health aids, rights to rec exemption of 100% of fair | responsible for perty that you the top of any new claim. The property be eive certain brushes will be market valu | or supplying correct information. Using claim as exempt. If more space is additional pages, write your name at the company of doing so is to state a sing exempted up to the amount openefits, and tax-exempt retirement up under a law that limits the transcript of the company of | ng and |
| You Cla | im as Evemr | nt . | 4/1 | α. |
| | | | | |
| | | | ☐ Check if this is an amended filing | |
| | | | | |
| DISTRICT OF | INDIANA | | | |
| DISTRICT OF | Last Name INDIANA | | | |
| me | Last Name | | | |
| | | | | |
| me | Last Name | | | |
| | | ne Last Name DISTRICT OF INDIANA | | |

| Schedule A/B that lists this property | portion you own | | | | |
|---|-------------------------------------|-----|---|------------------------------|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| 2004 GMC Envoy 196,653 miles Located at debtor's residence | \$2,500.00 | | \$2,500.00 | Ind. Code § 34-55-10-2(c)(2) | |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Household goods Located at debtor's residence | \$1,500.00 | | \$1,500.00 | Ind. Code § 34-55-10-2(c)(2) | |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Televisions, laptop, and furniture Located at debtor's residence | \$300.00 | | \$0.00 | Ind. Code § 34-55-10-2(c)(2 | |
| Line from Schedule A/B: 6.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Bed Located at debtor's residence Line from Schedule A/B: 6.3 | \$100.00 | | \$100.00 | Ind. Code § 34-55-10-2(c)(2 | |
| Zino nom concada 772. | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2 TVs and 3 cell phones Located at debtor's residence | \$1,200.00 | | \$1,200.00 | Ind. Code § 34-55-10-2(c)(2 | |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 17 of 58

| tor 1 Robert Duane Vaughn | | | Case number (if known) | |
|--|--------------------------------------|------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Ched | ck only one box for each exemption. | |
| Clothing Located at debtor's residence | \$200.00 | | \$200.00 | Ind. Code § 34-55-10-2(c)(2) |
| Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 1 dog with no transferable value Located at debtor's residence | \$0.00 | | \$0.00 | Ind. Code § 34-55-10-2(c)(2) |
| Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Fifth Third Bank Line from Schedule A/B: 17.1 | \$290.00 | | \$290.00 | Ind. Code § 34-55-10-2(c)(3) |
| 2.110 110.11 00/1000/100/100 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Fifth Third Bank Line from Schedule A/B: 17.2 | \$18.48 | | \$18.48 | Ind. Code § 34-55-10-2(c)(3) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Fifth Third Bank | \$0.10 | | \$0.10 | Ind. Code § 34-55-10-2(c)(3) |
| Ellio II olii oorioodie 77 E. 1110 | | | 100% of fair market value, up to any applicable statutory limit | |
| 401(k): T.Rowe Price Line from Schedule A/B: 21.1 | \$598.96 | | \$598.96 | Ind. Code § 34-55-10-2(c)(6) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| FirstKey Homes Line from Schedule A/B: 22.1 | \$1,095.00 | | \$1,095.00 | Ind. Code § 34-55-10-2(c)(1) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Federal and State: Potential prorated tax refunds | Unknown | | \$91.42 | Ind. Code § 34-55-10-2(c)(3) |
| Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Federal and State: Potential earned income credit | Unknown | | 100% | Ind. Code § 34-55-10-2(c)(1 |
| Line from Schedule A/B: 28.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Wages due and owing on the petition date | Unknown | | 75% | Ind. Code § 24-4.5-5-105 (2) |
| Line from Schedule A/B: 30.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Employer- Term life policy insuring Debtor's life with no cash surrender | \$0.00 | | \$0.00 | Ind. Code § 27-1-12-17.1(f) |
| value | | | 100% of fair market value, up to | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 18 of 58

| De | btor 1 | Robert Duane Vaughn | Case number (if known) | |
|----|--------|---|-----------------------------------|--|
| 3. | , | you claiming a homestead exemption of more than \$170,350? eject to adjustment on 4/01/22 and every 3 years after that for cases filed on a | or after the date of adjustment.) | |
| | | No | | |
| | | Yes. Did you acquire the property covered by the exemption within 1,215 da | ys before you filed this case? | |
| | | □ No | | |
| | | ☐ Yes | | |

| • | 0430 13 | OOT OO TEL | 7 2001 1 1100 11/20/10 | |)D 11/20/10 1. | 1.00.20 1 g 1 | 0 01 00 |
|-----------------|--------------------------------|-------------------|--|---------|---|--|--------------------------|
| Fill in this | s informatior | າ to identify yoເ | ır case: | | | | |
| Debtor 1 | Ro | bert Duane V | /aughn | | | | |
| 20010. | | st Name | Middle Name Last Na | me | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, fil | ling) Firs | t Name | Middle Name Last Na | me | | | |
| United Sta | ates Bankrupt | tcy Court for the | SOUTHERN DISTRICT OF INDIANA | | | | |
| Case num | nber | | | | | | |
| (if known) | | | | | | ☐ Check | if this is an |
| | | | | | | ameno | ded filing |
| o | - 40 | | | | | | |
| <u>Official</u> | Form 10 | <u>6D</u> | | | | | |
| Sched | dule D: (| Creditors | Who Have Claims Secu | ıred | by Property | V | 12/15 |
| | | | | | | | |
| | copy the Addit | | If two married people are filing together, both out, number the entries, and attach it to this fo | | | | |
| 1. Do any c | reditors have | claims secured by | your property? | | | | |
| □ No | . Check this b | oox and submit t | his form to the court with your other schedu | les. Yo | u have nothing else t | o report on this form. | |
| _ | | the information | · | | - · · · · · · · · · · · · · · · · · · · | | |
| | | | below. | | | | |
| Part 1: | List All Sec | ured Claims | | | 0-1 | Column B | 0-10 |
| | | | more than one secured claim, list the creditor sep | | Column A | | Column C |
| | | | a particular claim, list the other creditors in Part cal order according to the creditor's name. | 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Hei | ghts Financ | ce Corp | Describe the property that secures the claim | 1: | \$3,626.00 | \$300.00 | \$3,326.00 |
| Credi | tor's Name | | Televisions, laptop, and furniture | \neg | | | |
| | | | Located at debtor's residence | | | | |
| | n: Bankrupt | cy | As of the date you file, the claim is: Check all | that | | | |
| | Box 9520 | • | apply. | riat | | | |
| | oria, IL 6161 | | Contingent | | | | |
| Numb | per, Street, City, S | tate & Zip Code | Unliquidated | | | | |
| Who owe | a tha dahta a | h | Disputed | | | | |
| _ | s the debt? C | neck one. | Nature of lien. Check all that apply. | | | | |
| Debtor | , | | | or secu | ired | | |
| Debtor: | | | _ | | | | |
| | 1 and Debtor 2 | | ☐ Statutory lien (such as tax lien, mechanic's l | ien) | | | |
| | | tors and another | ☐ Judgment lien from a lawsuit | l | M | 1 | |
| | if this claim re unity debt | lates to a | Other (including a right to offset) | urcna | se Money Securit | ty | |
| | | Opened | | | | | |
| | | 02/16 Last | | | | | |
| | | Active | | 0.40 | | | |
| Date debt | was incurred | 2/10/16 | Last 4 digits of account number 2 | 049 | | | |

| Debtor 1 Robert Du | ane Vaughn | | Case number (if known) | | | | | |
|---|----------------------|---|--|-------------------------|------------|--|--|--|
| First Name | Middle N | lame Last Name | | | | | | |
| 2.2 Progressive L | pasing | Describe the property that secures the claim: | \$680.02 | \$100.00 | \$580.02 | | | |
| Creditor's Name | easing | Bed Located at debtor's residence | 3000.02 | \$100.00 | \$360.0Z | | | |
| | | bed Located at deptor's residence | | | | | | |
| | | | | | | | | |
| 256 W Data Dr | | As of the date you file, the claim is: Check all that apply. | | | | | | |
| Draper, UT 840 | 020 | Contingent | | | | | | |
| Number, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | | | |
| | | ☐ Disputed | | | | | | |
| Who owes the debt? C | heck one. | Nature of lien. Check all that apply. | | | | | | |
| ■ Debtor 1 only | | An agreement you made (such as mortgage or | secured | | | | | |
| Debtor 2 only | | car loan) | | | | | | |
| Debtor 1 and Debtor 2 | • | ☐ Statutory lien (such as tax lien, mechanic's lien) |) | | | | | |
| At least one of the deb | | ☐ Judgment lien from a lawsuit | | | | | | |
| ☐ Check if this claim re | elates to a | Other (including a right to offset) | | | | | | |
| community debt | | | | | | | | |
| Date debt was incurred | 11/2018 | Last 4 digits of account number 370 | 3 | | | | | |
| | | | | | | | | |
| 2.3 World Accepta | ance Corp | Describe the property that secures the claim: | \$420.00 | \$300.00 | \$420.00 | | | |
| Creditor's Name | | Televisions, laptop, and furniture | | | | | | |
| | | Located at debtor's residence | | | | | | |
| Attn: Bankrup Po Box 6429 | tcy | As of the date you file, the claim is: Check all that | J | | | | | |
| Greenville, SC | 29606 | apply. | | | | | | |
| | | ☐ Contingent ☐ Unliquidated | | | | | | |
| Number, Street, City, S | state & ZIP Code | <u> </u> | | | | | | |
| Who owes the debt? C | heck one | ☐ Disputed Nature of lien. Check all that apply. | | | | | | |
| _ | | ☐ An agreement you made (such as mortgage or | secured | | | | | |
| ■ Debtor 1 only□ Debtor 2 only | | car loan) | Scoured | | | | | |
| Debtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | | |
| ☐ At least one of the deb | • | | 1 | | | | | |
| ☐ Check if this claim re | | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) Non-Purchase Money Security | | | | | | |
| community debt | nation to a | Other (including a right to offset) | | | | | | |
| | Onened | | | | | | | |
| | Opened 08/18 Last | | | | | | | |
| | Active | | | | | | | |
| Date debt was incurred | 11/01/18 | Last 4 digits of account number 040 | 1 | | | | | |
| | - | | | | | | | |
| | | | | | | | | |
| Add the dollar value of | f your entries in C | Column A on this page. Write that number here: | \$4,726.02 | | | | | |
| | | the dollar value totals from all pages. | \$4,726.02 | | | | | |
| Write that number here | e: | | | | | | | |
| Part 2: List Others t | o Be Notified fo | or a Debt That You Already Listed | | | | | | |
| Use this page only if you | ı have others to b | pe notified about your bankruptcy for a debt that y | ou already listed in Part 1. For ex | ample, if a collection | agency is | | | |
| trying to collect from yo | u for a debt you o | owe to someone else, list the creditor in Part 1, an | d then list the collection agency h | nere. Similarly, if you | have more | | | |
| debts in Part 1, do not fi | | t you listed in Part 1, list the additional creditors I his page. | iere. ir you do not nave additional | persons to be notifi | eu for any | | | |
| | | | | | | | | |
| Name, Number, St | | Zip Code On v | which line in Part 1 did you enter the | creditor? 2.1 | | | | |
| Madison Circ | | | | | | | | |
| 16 E 9th St #4 48C04-1606-S | - | Last | 4 digits of account number | | | | | |
| Anderson, IN | | | | | | | | |

Official Form 106D

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 21 of 58

| Debtor 1 | Robert Duar | ne Vaughn | | Case number (if known) |
|----------------|---|-----------------|-----------|--|
| | First Name | Middle Name | Last Name | |
| Ro Ro P. | me, Number, Stree obert Crane, E obert Crane & O. Box 151684 nderson, IN 46 | Associates 4 | | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |

| | Ouse | 10 00700 IVEW 7 | Doo'l Theal | 11/20/10 | LOD | 11/20/10 11.0 | 70.20 1 g 2 | 2 01 00 |
|--------------------|----------------------------------|---|--|--|--------------|--------------------------|-----------------------|---------------------|
| Fill in | this inforn | nation to identify your case | : | | | | | |
| Debto | or 1 | Robert Duane Vaughi | n | | | | | |
| Dobto | <i>.</i> . | First Name | Middle Name | Last Nam | е | | | |
| Debto | or 2 | | | | | | | |
| (Spouse | e if, filing) | First Name | Middle Name | Last Nam | е | | | |
| United | d States Ba | nkruptcy Court for the: SC | OUTHERN DISTRICT O | F INDIANA | | | | |
| Case | number | | | | | | | |
| (if know | _ | | | | | | ☐ Check | c if this is an |
| | | | | | | | amen | ded filing |
| O.(| – | 4005/5 | | | | | | |
| | | n 106E/F | | | | | | |
| <u>Sch</u> | edule E | /F: Creditors Who | Have Unsecur | <u>ed Claim</u> | S | | | 12/15 |
| Schedu eft. Att | ule D: Credite ach the Con | tory Contracts and Unexpired I ors Who Have Claims Secured tinuation Page to this page. If y nber (if known). | by Property. If more space | e is needed, co | ppy the Par | t you need, fill it out, | number the entries | in the boxes on the |
| Part 1 | List A | II of Your PRIORITY Unsecu | ured Claims | | | | | |
| 1. Do | any credito | ors have priority unsecured cla | ims against you? | | | | | |
| | No. Go to P | art 2. | | | | | | |
| | Yes. | | | | | | | |
| ide po | entify what typossible, list the | priority unsecured claims. If a oe of claim it is. If a claim has bot e claims in alphabetical order acc than one creditor holds a particula | h priority and nonpriority an ording to the creditor's name | nounts, list that ne. If you have r | claim here a | and show both priority a | ind nonpriority amour | nts. As much as |
| (F | or an explana | ation of each type of claim, see th | e instructions for this form i | in the instruction | booklet.) | | | |
| | | | | | · | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Indiana | Department of Revenue | Last 4 digits of ac | ccount number | 3374 | \$975.00 | \$975.00 | \$0.00 |
| | - , | editor's Name Senate Ave. | When was the de | ht inquerod? | 2018-pi | rocont | | |
| | | l203 - Bankruptcy | When was the de | bi incurred? | 2010-pi | resent | - | |
| | | polis, IN 46204 | | | | | | |
| | | treet City State Zip Code | As of the date yo | u file, the claim | is: Check a | all that apply | | |
| ٧ | Who incurred | d the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 c | only | ☐ Unliquidated | | | | | |
| [| Debtor 2 c | only | ☐ Disputed | | | | | |
| [| Debtor 1 a | and Debtor 2 only | Type of PRIORITY | Y unsecured cl | aim: | | | |
| [| At least or | ne of the debtors and another | ☐ Domestic supp | ort obligations | | | | |
| _ | _ | his claim is for a community d | ebt Taxes and cert | ain other debts | you owe the | government | | |
| | | subject to offset? | | | | ou were intoxicated | | |
| - | No | - | ☐ Other. Specify | • | | | | |
| [| □Yes | | _F 36y | Retail sale | s tax lial | oility owed | | = |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 23 of 58

| Debto | Robert Duane Vaughn | Case number (if known) | | | | | | | |
|--------|---|--|----------------|-------------------------------|-------------------|-----------------|---------|--|--|
| 2.2 | Internal Revenue Service Priority Creditor's Name | Last 4 digits of account number | 3374 | \$2,134.07 | \$2,134.0 |)7 | \$0.00 | | |
| | P.O. Box 7346 | When was the debt incurred? | 2017 | | | | | | |
| | Philadelphia, PA 19101-7346 Number Street City State Zip Code | As of the date you file, the claim | is: Check all | Il that apply | | | | | |
| V | Who incurred the debt? Check one. | ☐ Contingent | on on on an | a.a. app.y | | | | | |
| ı | Debtor 1 only | ☐ Unliquidated | | | | | | | |
| [| Debtor 2 only | ☐ Disputed | | | | | | | |
| _ | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | | | | |
| [| ☐ Check if this claim is for a community debt | Taxes and certain other debts y | ou owe the o | government | | | | | |
| | s the claim subject to offset? | ☐ Claims for death or personal inj | • | • | | | | | |
| ı | No | Other. Specify | | | | | | | |
| [| ☐ Yes Tax liability owed | | | | | | | | |
| 4. Lis | Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other rt 2. | aim. For each claim listed, identify wh | at type of cla | aim it is. Do not list claims | s already include | ed in Part 1. Î | If more | | |
| | | | | | Te | otal claim | | | |
| 4.1 | Aaron's Sales & Lease | Last 4 digits of account numb | er 3485 | | | | \$0.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 100039 Kennesaw, GA 30156 | When was the debt incurred? | Oper 6/01/ | ned 6/29/11 Last A 12 | Active | | | | |
| | Number Street City State Zip Code | As of the date you file, the cla | m is: Check | k all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsect | red claim: | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a s | anaration s | aroomont or diverse that | ou did not | | | | |
| | Is the claim subject to offset? | report as priority claims | eparation ag | greement or divorce that y | ou dia not | | | | |
| | ■ No | ☐ Debts to pension or profit-sh | aring plans, | and other similar debts | | | | | |
| | □Yes | Other. Specify Lease | | | | | | | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 24 of 58

| Debtor | 1 Robert Duane Vaughn | Case number (if known) | | | |
|--------|---|---|----------|--|--|
| 4.2 | Americollect | Last 4 digits of account number 9291 | \$225.00 | | |
| | Nonpriority Creditor's Name Po Box 1566 1851 South Alverno Road | When was the debt incurred? Opened 05/15 | | | |
| | Manitowoc, WI 54221 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Collection Attorney Irvington Radiologists Pc | | | |
| 4.3 | Americollect Nonpriority Creditor's Name | Last 4 digits of account number 2105 | \$203.00 | | |
| | Po Box 1566 1851 South Alverno Road | When was the debt incurred? Opened 04/18 | | | |
| | Manitowoc, WI 54221 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | □ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □Yes | ■ Other. Specify Collection Attorney Radiology Of Indiana P.C. | | | |
| 4.4 | Americollect Nonpriority Creditor's Name | Last 4 digits of account number 9290 | \$166.00 | | |
| | Po Box 1566 1851 South Alverno Road | When was the debt incurred? Opened 05/15 | | | |
| | Manitowoc, WI 54221 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | The of the date year me, the daminer officers air that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | □ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Collection Attorney Irvington Radiologists Other. Specify Pc | | | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 25 of 58

| Debto | Robert Duane Vaughn | | Case number (if known) | |
|-------|--|--|--|----------|
| 4.5 | Atlas Collections Inc. | Last 4 digits of account number | 1020 | \$718.61 |
| | Nonpriority Creditor's Name 1410 Broad St. New Castle, IN 47362 | When was the debt incurred? | 2017 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Judgment | on Medical services provided | |
| 4.6 | Bull City Financial Solutions | Last 4 digits of account number | 9962 | \$574.00 |
| | Nonpriority Creditor's Name 2609 North Duke Street Suite 500 | When was the debt incurred? | Opened 05/18 | |
| | Durham, NC 27704 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collection | Attorney Duke Energy | |
| 4.7 | Credit Management, LP Nonpriority Creditor's Name | Last 4 digits of account number | 7985 | \$577.00 |
| | Attn: Bankruptcy Po Box 118288 | When was the debt incurred? | Opened 05/19 | |
| | Carrollton, TX 75011 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | = 1 | |
| | Yes | ■ Other. Specify Collection | Attorney Comcast Cable | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 26 of 58

| Debtor | 1 Robert Duane Vaughn | Case number (if known) | | | | | | |
|--------|--|--|--|----------|--|--|--|--|
| 4.8 | ERC/Enhanced Recovery Corp Nonpriority Creditor's Name | Last 4 digits of account number | 6792 | \$940.00 | | | | |
| | Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256 | When was the debt incurred? | Opened 06/18 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | No | g plans, and other similar debts | | | | | | |
| | | | | | | | | |
| | Yes | Other. Specify Collection | Attorney At 1 Directv | | | | | |
| 4.9 | Hancock County Child S Nonpriority Creditor's Name | Last 4 digits of account number | 5102 | \$0.00 | | | | |
| | 27 American Legion Pl Greenfield, IN 46140 | When was the debt incurred? | When was the debt incurred? Opened 09/10 Last Active 09/11 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only □ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | ☐ Yes | ☐ Other. Specify | | | | | | |
| | | Family Sup | port | | | | | |
| 4.1 | Indiana Einanaa Compan | | 1019 | \$0.00 | | | | |
| 0 | Indiana Finance Compan Nonpriority Creditor's Name | Last 4 digits of account number | | \$0.00 | | | | |
| | Pob 49 Anderson, IN 46015 | When was the debt incurred? | Opened 10/14 Last Active 9/06/19 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt | Obligations arising out of a sepa | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | | | | | | |
| | ☐ Yes | Other. Specify Automobile |) | | | | | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 27 of 58

| Debt | or 1 Robert Duane Vaughn | | Case number (if known) | |
|----------|---|--|---|------------|
| 4.1 1 | KeyBridge Medical Revenue | Last 4 digits of account number | 2528 | \$140.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1568 Lima, OH 45802 | When was the debt incurred? | Opened 07/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | ■ Other. Specify Collection Metwork | Attorney Hancock Physicians | |
| 4.1 2 | Mariner Finance Nonpriority Creditor's Name | Last 4 digits of account number | 0118 | \$0.00 |
| | Attn: Bankruptcy 8211 Town Center Drive Nottingham, MD 21236 | When was the debt incurred? | Opened 12/15 Last Active 3/27/18 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Secured | | |
| 4.1 3 | Mitsui Sumitomo Insurance Group Nonpriority Creditor's Name | Last 4 digits of account number | 9106 | \$7,102.49 |
| | c/o Pfenninger & Associates 9247 N Meridian St Ste 219 Indianapolis, IN 46260 | When was the debt incurred? | 2016 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | Other Specify Judament | | |
| | — 1 CO | = UTDER SDECITY VUUMIIICIIL | | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 28 of 58

| Debt | or 1 Robert Duane Vaughn | Case number (if known) | | | |
|----------|--|--|---|--------|--|
| 4.1 4 | Oak Motors Inc Nonpriority Creditor's Name | Last 4 digits of account number | 1019 | \$0.00 | |
| | Pob 1236 Anderson, IN 46015 | When was the debt incurred? | Opened 10/14 Last Active 10/31/14 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Automobile | • | | |
| 4.1 5 | OneMain Financial Nonpriority Creditor's Name | Last 4 digits of account number | 1174 | \$0.00 | |
| | Attn: Bankruptcy Po Box 3251 Evansville, IN 47731 | When was the debt incurred? | Opened 03/15 Last Active 3/29/19 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify Secured | | | |
| 4.1 | OneMain Financial | | 3097 | \$0.00 | |
| 6 | Nonpriority Creditor's Name | Last 4 digits of account number | | φυ.υυ | |
| | Attn: Bankruptcy Po Box 3251 | When was the debt incurred? | Opened 09/15 Last Active 9/13/17 | | |
| | Evansville, IN 47731 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | _ | | | | |
| | ■ Debtor 1 only | Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim. | | |
| | ☐ At least one of the debtors and another | Student loans | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | iration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | ☐Yes | Other Specify Secured | | | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 29 of 58

| Debtor | Robert Duane Vaughn | | Case number (if known) | | | | | | |
|--------------------|--|--|--|-------------------------|--|--|--|--|--|
| 4.1 | | | | | | | | | |
| 4.1 7 | Pritchett Orthodontics | Last 4 digits of account number | 5906 | \$8,893.82 | | | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2049 | | | | | | |
| | 9602 E. Washington St. Indianapolis, IN 46229 | when was the debt incurred? | 2018 | - | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt | ☐ Obligations arising out of a sep | aration agreement or divorce that you did not | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | | |
| | No | Debts to pension or profit-shari | ng plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Judgment | | | | | | | |
| 4.1 | Westernals E | | 2014 | \$0.00 | | | | | |
| 8 | Westcreek Fi Nonpriority Creditor's Name | Last 4 digits of account number | 32X1 | \$0.00 | | | | | |
| | Attn: Bankruptcy | | Opened 11/16/18 Last Active | | | | | | |
| | Po Box 5518 | When was the debt incurred? | 2/22/19 | | | | | | |
| - | Glen Allen, VA 23058 | | | | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Debtor 1 only | Пол | | | | | | | |
| | _ | ☐ Contingent | | | | | | | |
| | Debtor 2 only | Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | • | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | | | |
| | At least one of the debtors and another | Student loans | | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sep | | | | | | | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or arrefue that you are not | | | | | | |
| | ■ No | Debts to pension or profit-shari | lacksquare Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Lease | | | | | | | |
| Part 3: | List Others to Be Notified About a De | • | | | | | | | |
| is tryir have n | is page only if you have others to be notified ig to collect from you for a debt you owe to s nore than one creditor for any of the debts th d for any debts in Parts 1 or 2, do not fill out | omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add | n Parts 1 or 2, then list the collection agency | here. Similarly, if you | | | | | |
| | d Address | On which entry in Part 1 or Part 2 did you | u list the original creditor? | | | | | | |
| | Circuit Court 3 | | Part 1: Creditors with Priority Unsecured Clai | | | | | | |
| | lace St. P.O. Box B -1711-SC-001020 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | | |
| | astle, IN 47362 | | | | | | | | |
| | | Last 4 digits of account number | | | | | | | |
| Name ar | nd Address | On which entry in Part 1 or Part 2 did you | u list the original creditor? | | | | | | |
| - | County Hospital | | $oldsymbol{I}$ Part 1: Creditors with Priority Unsecured Clai | | | | | | |
| | l. 16th St. astle, IN 47362 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | | |
| INEW C | astie, iii 47 302 | Last 4 digits of account number | | | | | | | |
| Name or | nd Address | On which entry in Part 1 or Part 2 did you | Lifet the original creditor? | | | | | | |
| | id Address E. Millikan, Esq. | | I list the original creditor? Part 1: Creditors with Priority Unsecured Clai | ms | | | | | |
| Millika | n Law Office, PC | | Part 2: Creditors with Nonpriority Unsecured | | | | | | |
| | Groad St. | | The state of the s | | | | | | |
| New C | astle, IN 47362 | Last 4 digits of account number | | | | | | | |
| | | | | | | | | | |
| Name ar | d Address | On which entry in Part 1 or Part 2 did you | u list the original creditor? | | | | | | |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 30 of 58

| Debtor 1 Robert Duane Vaughn | | Case number (if known) | | | |
|---|---|--|--|--|--|
| Marion Superior Court 3 200 E. Washington St. W-406 49D03-1611-CC-39106 Indianapolis, IN 46204 | Line <u>4.13</u> of (<i>Check one</i>): | □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| mulanapons, nv 40204 | Last 4 digits of account number | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | | | |
| Redman Ludwig PC | Line 4.17 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 151 North Delaware Street Ste 1150 Indianapolis, IN 46204 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| mulanapons, nv 40204 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | | | |
| Warren Township Small Claims | Line 4.17 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| Court 501 N. Post Rd. 49K06-1811-SC-005906 Indianapolis, IN 46219 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| • | Last 4 digits of account number | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|-----------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 3,109.07 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 3,109.07 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 19,539.92 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 19,539.92 |

| Fill in this information to identify your case: | | | | | |
|---|------------|-------------------|------------|--|--------------------------------------|
| Debtor 1 Robert Duane Vaughn | | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | SOUTHERN DISTRICT | OF INDIANA | | |
| Case number | | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|--|
| 2.1 | FirstKey Homes 6982 Hillsdale Ct Indianapolis, IN 46250 | 12-month lease for residence which began in December 1, 2019 |
| 2.2 | Verizon P.O. Box 4002 Acworth, GA 30101 | 24-month contract for service and device which began in September 2019 |

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 32 of 58

| _ | | | | | | |
|------------------------------|--|---|-------------------------|---|---------------------------------------|-------------|
| Fill in this | information to identify your | case: | | | | |
| Debtor 1 | Robert Duane Va | ughn | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | | | |
| United Stat | tes Bankruptcy Court for the: | SOUTHERN DISTRICT | OF INDIANA | | | |
| Case numb | ber | | | | | |
| (if known) | | | | | ☐ Check if this is amended filing | |
| | | | | | amended ming | 9 |
| Official | l Form 106H | | | | | |
| Sched | ule H: Your Code | ebtors | | | | 12/15 |
| fill it out, ar your name | filing together, both are equal number the entries in the and case number (if known). you have any codebtors? (If y | boxes on the left. Attach Answer every question. | the Additional Page to | o this page. On the to | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana, | | | | | lude |
| ■ No. | Go to line 3. | | | | | |
| ☐ Yes | . Did your spouse, former spou | ise, or legal equivalent live | with you at the time? | | | |
| in line Form | umn 1, list all of your codebto 2 again as a codebtor only if 106D), Schedule E/F (Official olumn 2. | f that person is a guarant | tor or cosigner. Make s | sure you have listed t | he creditor on Schedule | D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZII | P Code | | Column 2: The cr Check all schedul | editor to whom you owe es that apply: | the debt |
| 1 | Rebecca Vaughn 100 Lee Street, Apt. 5 Shirley, IN 47384 | | | ☐ Schedule D, I ■ Schedule E/F ☐ Schedule G _ | f, line 4.17 | |

Official Form 106H Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

| Eill | in this information to identify your c | 250. | | | | |
|--------------------|--|-------------------------------|--|--------------------------|--------------------------------------|--|
| | otor 1 Robert Duar | | | | | |
| | otor 2 puse, if filing) | | | | | |
| Uni | ted States Bankruptcy Court for the | : SOUTHERN DISTRIC | CT OF INDIANA | | | |
| | se number | | | | | |
| 0 | fficial Form 106I | | | | MM / DD/ \ | /YYY |
| S | chedule I: Your Inc | ome | | | | 12/1 |
| sup spo atta | as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your spou th you, do not include in | se is livin formation | ng with you, incl n about your sp | ude information about your ouse. If more space is needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | Debtor : | 2 or non-filing spouse |
| | If you have more than one job, | Employment status | ■ Employed | | ☐ Empl | oyed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | ☐ Not e | mployed |
| | employers. | Occupation | Outside Sales Rep | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Hajoca Corporation | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1345 Brookville Way Indianapolis, IN 462 | | | |
| | | How long employed to | Since 3/1/18 | 8 | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to report | for any lin | ne, write \$0 in the | space. Include your non-filing |
| | u or your non-filing spouse have mo | | ombine the information for | all employ | ers for that perso | on on the lines below. If you need |
| | | | | I | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. \$_ | 5,120.55 | \$ N/A _ |
| 3. | Estimate and list monthly overt | ime pay. | | 3+\$ _ | 0.00 | +\$ <u>N/A</u> |

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

4. **\$ 5,120.55**

N/A

| Deb | tor 1 | Robert Duane Vaughn | - | С | ase num | nber (<i>if kno</i> | wn) | | | | |
|-----|----------------------------|---|------------|-----|----------|----------------------|------|------------|-------------------|----------------|-------------------|
| | | | | | For De | | | non-f | ebtor filing s | 2 or pouse | |
| | Cop | by line 4 here | 4. | | \$ | 5,120. | 55 | \$ | | N/A | <u>\</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 849. | 62 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$ | | 00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | 153. | 62 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | \$ | | 00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e. | | \$ | 281. | | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | | 00 | \$ | | N/A | _ |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. | | \$ \$ | 0.0 | | \$ + \$ | | N/A | |
| _ | | | _ 5h. | | · — | | | · : — | | N/A | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 1,284. | | \$ | | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | , | \$ | 3,835. | 58 | \$ | | N/A | <u>\</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | | \$ | 0.0 | 00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | | \$ | 0.0 | 00 | \$ | | N/A | \ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ | 0.0 | 00 | \$ | | N/A | . |
| | 8d. | Unemployment compensation | 8d. | | \$ | 0.0 | 00 | \$ | | N/A | <u></u> |
| | 8e. | Social Security | 8e. | | \$ | 0.0 | 00 | \$ | | N/A | <u> </u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. | | \$ | 0.0 | | \$ | | N/A | |
| | 8g. 8h. | Other monthly income. Specify: | 8g. 8h. | | \$ | | 00 | | | N/A N/A | _ |
| | OII. | Other monthly moonie: openiy. | _ 011. | ·· | Ψ | 0. | | 'Ψ | | IN/A | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.0 | 00 | \$ | | N/ | Α |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 3.8 | 35.58 + | - \$ | | N/A | = \$ | 3,835.58 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | · — | | 00.00 | - | | | | 0,000.00 |
| 11. | Star Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify: | depe | | ., | | | • | chedule 11. | _ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | | 12. | \$ | 3,835.58 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | | Combi month | ined ly income |
| | | No. | | | | | | | | | |
| | - 17 | VOC EVOIDIO: I | | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| | | | | | | ı | | | | | | |
|--|---|---|------------------|--|---|--------------------------------------|---------------------------------------|------------|-------------------------------|-------|--|--|
| 7111 | in this informat | tion to identify yo | ur case: | | | | | | | | | |
| Debtor 1 Robert Duane Vaughn | | | | | | Check if this is: An amended filing | | | | | | |
| | | | | | | | | | | | | |
| Debtor 2 | | | | | | | | | ing postpetition chapte | r: | | |
| (Spo | ouse, if filing) | | | | | | 13 expense | es as of t | the following date: | | | |
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA | | | | | | | MM / DD / YYYY | | | | | |
| l | e number nown) | | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | ı | | | | | | |
| | | | Evnor | 1606 | | | | | 44 |)/4 E | | |
| | | J: Your E | | | filing to wath on h | | | alla fa | | 2/15 | | |
| info | ormation. If m | | eded, atta | If two married people a ch another sheet to this n. | | | | | | | | |
| Par | t 1: Descr | ibe Your Housel | hold | | | | | | | | | |
| 1. | Is this a join | t case? | | | | | | | | | | |
| | ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? | | | | | | | | | | | |
| | | | n a sepan | ate nousenoid? | | | | | | | | |
| | | | t filo Offici | al Form 106J-2, <i>Expense</i> | o for Congrete House | shold of D | abtor 2 | | | | | |
| | ш те | es. Debiol 2 mus | t lile Ollici | ai Foitti 1065-2, <i>Expense</i> | is for Separate House | eriola oi Di | BOIOI Z. | | | | | |
| 2. | Do you have | dependents? | □ No | | | | | | | | | |
| | | | | | Dependent's relati Debtor 1 or Debto | | Depend age | ent's | Does dependent live with you? | | | |
| | Do not otata | 41 | | | | | | | □ No | | | |
| | Do not state dependents i | | | | Son | | 8 | | ■ Yes | | | |
| | | | | | | | | | □ No | | | |
| | | | | | Daughter | | 15 | | ■ Yes | | | |
| | | | | | | | | | □ No | | | |
| | | | | | | | | | ☐ Yes | | | |
| | | | | | | | | | □No | | | |
| | | | | | | | | | ☐ Yes | | | |
| 3. | expenses of | enses include people other the your depender | nan $_{\square}$ | No Yes | | | | | | | | |
| Par | t 2: Estima | ate Your Ongoir | na Monthi | v Evnenses | | | | | | | | |
| Est exp | imate your ex | penses as of yo | ur bankrı | uptcy filing date unless y is filed. If this is a sup | | | | | | | | |
| Incl | lude evnenso | s naid for with n | on-cash | government assistance | if you know | | | | | | | |
| | | | | sluded it on Schedule I: | | | | | | | | |
| (Off | ficial Form 10 | 6I.) | | | | _ | Yo | our expe | enses | | | |
| | | | | | | | | | | | | |
| 4. | | I or home ownership expenses for your residence. Include first mortgage and any rent for the ground or lot. | | | | e 4. | \$ | | 1,125.00 | | | |
| | If not includ | ed in line 4: | | | | | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | | 0.00 | | | |
| | 4b. Proper | rty, homeowner's | , or renter | 's insurance | | 4b. | \$ | | 0.00 | | | |
| | | | | ipkeep expenses | | 4c. | · · · · · · · · · · · · · · · · · · · | | 0.00 | | | |
| F | | owner's associati | | | omo oquituloses | 4d. | \$ \$ | | 0.00 | | | |
| 5. | Auditional II | ioi iyaye payine | into iui yu | our residence, such as h | ome equity loans | ე. | Ψ | | 0.00 | | | |

| Debtor | 1 Robert Duane Vaughn | Case num | ber (if known) | |
|--------------|---|--------------|---------------------------------------|--------------------------|
| 6. U | tilities: | | | |
| 6. 6 | | 6a. | \$ | 250.00 |
| 6 | • | 6b. | \$ | 0.00 |
| 6 | | 6c. | · <u> </u> | 370.00 |
| 6 | | 6d. | | |
| | · · · | | · | 0.00 |
| | ood and housekeeping supplies | 7. | · - | 600.00 |
| | hildcare and children's education costs | 8. | \$ | 0.00 |
| | lothing, laundry, and dry cleaning | 9. | \$ | 50.00 |
| | ersonal care products and services | 10. | · · · · · · · · · · · · · · · · · · · | 50.00 |
| | edical and dental expenses | 11. | \$ | 300.00 |
| | ransportation. Include gas, maintenance, bus or train fare. o not include car payments. | 12. | \$ | 800.00 |
| 13. E | ntertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | haritable contributions and religious donations | 14. | \$ | 0.00 |
| | surance. | | ` | |
| - | o not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 5a. Life insurance | 15a. | \$ | 0.00 |
| 1: | 5b. Health insurance | 15b. | \$ | 0.00 |
| 1: | 5c. Vehicle insurance | 15c. | \$ | 85.00 |
| | 5d. Other insurance. Specify: | 15d. | · | 0.00 |
| | axes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | • | |
| S | pecify: | 16. | \$ | 0.00 |
| | stallment or lease payments: 7a. Car payments for Vehicle 1 | 17a. | ¢ | 0.00 |
| | • • | | | 0.00 |
| | 7b. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | 7c. Other. Specify: Progressive Leasing | 17c. | · | 197.30 |
| | 7d. Other. Specify: | 17d. | \$ | 0.00 |
| | our payments of alimony, maintenance, and support that you did not report as educted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | i 18. | \$ | 0.00 |
| | ther payments you make to support others who do not live with you. | 10. | \$ | 0.00 |
| | pecify: | 19. | Ψ | 0.00 |
| | ther real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e | | our Income | |
| | Da. Mortgages on other property | 20a. | | 0.00 |
| | Ob. Real estate taxes | 20b. | | 0.00 |
| | Oc. Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | Od. Maintenance, repair, and upkeep expenses | 20d. | · <u> </u> | |
| | De. Homeowner's association or condominium dues | 20d. 20e. | | 0.00 |
| _ | | | · | 0.00 |
| .1. O | ther: Specify: | 21. | +\$ | 0.00 |
| | alculate your monthly expenses | | | |
| 2 | 2a. Add lines 4 through 21. | | \$ | 3,827.30 |
| 2 | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 2 | 2c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,827.30 |
| 23. C | alculate your monthly net income. | | | |
| | Ba. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,835.58 |
| | 3b. Copy your monthly expenses from line 22c above. | 23b. | · <u> </u> | 3,827.30 |
| ۷. | Social monthly expenses from the 220 above. | 200. | <u> </u> | 3,021.30 |
| 2 | 3c. Subtract your monthly expenses from your monthly income. | | | 0.00 |
| | The result is your monthly net income. | 23c. | \$ | 8.28 |
| F | o you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your odification to the terms of your mortgage? | | | or decrease because of a |
| | No. | | | |
| | 1 Voc Evolain here: | | | |

| | | | | | | | i | |
|-------------|-------------|---|---|--------------|-------------------|--------------------|-------------|---------------------------|
| Fill in th | nis informa | ation to identify your | case: | | | | | |
| Debtor 1 | 1 | Robert Duane Va | uahn | | | | | |
| | | First Name | Middle Name | Las | st Name | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, | filing) | First Name | Middle Name | Las | st Name | | | |
| United S | States Bank | kruptcy Court for the: | SOUTHERN DISTRICT | Γ OF INDIAN | IA | | | |
| Case nu | ımher | | | | | | | |
| (if known) | | | | | | | | Check if this is an |
| | | | | | | | _ | amended filing |
| | | | | | | | | |
| Officia | al Form | 106Dec | | | | | | |
| | | | n Individual | Debt | or's Sch | edules | | 12/15 |
| | | | | | | | | |
| obtaining | g money o | or property by fraud ir U.S.C. §§ 152, 1341, 1 | le bankruptcy schedule n connection with a ban 519, and 3571. | | | | | |
| | Sign | Below | | | | | | |
| Did | d you pay | or agree to pay some | one who is NOT an atto | rney to help | you fill out banl | kruptcy forms? | | |
| | No | | | | | | | |
| | Yes. Na | me of person | | | | | | tition Preparer's Notice, |
| | | | | | | Declaration | n, and Sign | ature (Official Form 119) |
| | | y of perjury, I declare true and correct. | that I have read the sun | nmary and s | chedules filed w | vith this declarat | ion and | |
| х | /s/ Robe | rt Duane Vaughn | | х | | | | |
| | | Duane Vaughn | | | Signature of Del | btor 2 | | |
| | Signature | of Debtor 1 | | | | | | |
| | Date 11 | /25/2019 | | | Date | | | |
| | | | | | | | | |

| FII | in this informa | tion to identify you | r case: | | | |
|--------------|------------------------------------|--|--|---|---|-------------------------------------|
| Del | btor 1 | Robert Duane Va | aughn Middle Name | Last Name | | |
| Del | btor 2 | riistivame | Middle Name | Last Name | | |
| (Spo | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ited States Bank | ruptcy Court for the: | SOUTHERN DISTRICT C | OF INDIANA | | |
| Ca | se number | | | | | |
| (if kr | nown) | | | | - | Check if this is an |
| | | | | | | amended filing |
| \bigcirc f | ficial Form | m 107 | | | | |
| | ficial Forr | | Affaira far Individ | luale Filing for P | ankruptov | 414.6 |
| | | | Affairs for Individ | | | 4/19 |
| Be a | as complete and rmation. If mor | d accurate as possi re space is needed, | ble. If two married people a attach a separate sheet to | re filing together, both are this form. On the top of an | equally responsible for sup y additional pages, write yo | oplying correct ur name and case |
| | | Answer every que | | • | , , , | |
| Pai | rt 1: Give Det | tails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your c | urrent marital statu | ıs? | | | |
| | ☐ Married | | | | | |
| | ■ Not marrie | ed | | | | |
| 2 | During the less | t 2 years, have you | lived anywhere other than | where you live new? | | |
| 2. | buring the last | t 3 years, nave you | lived anywhere other than | where you live now? | | |
| | □ No | | | | | |
| | ■ Yes. List a | all of the places you I | ived in the last 3 years. Do no | ot include where you live now | I. | |
| | Debtor 1 Prior | r Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | dress: | Dates Debtor 2 lived there |
| | 97 Cranberr | y Dr | From-To: | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 |
| | Greenfield, I | IN 46140 | 6/1/16-11/15/1 | 8 | | From-To: |
| 3. state | ■ No □ Yes. Make | s include Arizona, Ca | ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev nedule H: Your Codebtors (Of r Income | vada, New Mexico, Puerto R | | |
| | | | | | | |
| 4. | Fill in the total a | amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | time activities. | endar years? |
| | □ No | | | | | |
| | _ | the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| Fra | m lanuary 1 of | current year until | = | , | D Warran A service in | and cholusions |
| | | for bankruptcy: | Wages, commissions, bonuses, tips | \$54,356.57 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 39 of 58

Case number (if known)

| | | | | Debtor 1 | | | Debtor 2 | | |
|----|-----------------------------|----------------------------|---|--|------------------------------------|--|--|--|---|
| | | | | Sources of income Check all that apply. | (befo | ss income ore deductions and usions) | Sources of inc | | Gross income (before deductions and exclusions) |
| | r last calen anuary 1 to | dar year: December : | 31, 2018) | ■ Wages, commissions, bonuses, tips | | \$61,000.00 | ☐ Wages, combonuses, tips | ımissions, | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| | | dar year bef December 3 | | ■ Wages, commissions, bonuses, tips | | \$61,000.00 | ☐ Wages, combonuses, tips | ımissions, | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| | winnings. List each s | If you are fili | ng a joint cas | pensions; rental income; interese and you have income that you have income that you me from each source separa Debtor 1 | you rece | eived together, list it not include income | only once under D that you listed in lin Debtor 2 | ebtor 1. ne 4. | |
| | | | | Sources of income Describe below. | each (befo | ss income from n source ore deductions and usions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: List | t Certain Pa | yments You | Made Before You Filed for | Bankru | ptcy | | | |
| 6. | | r Debtor 1's Neither De | or Debtor 2' btor 1 nor D | s debts primarily consume ebtor 2 has primarily const personal, family, or househo | r debts umer de | ? ebts. Consumer deb | ts are defined in 11 | U.S.C. § 10° | 1(8) as "incurred by an |
| | | □ No. □ Yes | Go to line 7 List below e paid that cre not include | re you filed for bankruptcy, di each creditor to whom you pa editor. Do not include paymer payments to an attorney for t on 4/01/22 and every 3 year | id a tota nts for d his bank | I of \$6,825* or more omestic support oblications | in one or more pay gations, such as ch | yments and the | nd alimony. Also, do |
| | ■ Yes. | | | r both have primarily consure you filed for bankruptcy, di | | | al of \$600 or more | ? | |
| | | □ No. | Go to line 7 | | | | | | |
| | | ■ Yes | include pay | each creditor to whom you pai ments for domestic support o this bankruptcy case. | | | | , , | |
| | Creditor' | s Name and | l Address | Dates of payme | ent | Total amount paid | Amount you still owe | Was this p | payment for |
| | | y Homes Ilsdale Ct | | September-No ber 2019 | ovem | \$3,375.00 | \$0.00 | ☐ Mortgaç ☐ Car ☐ Credit C ☐ Loan Re ☐ Supplie ■ Other I | Card epayment rs or vendors |

Debtor 1 Robert Duane Vaughn

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 40 of 58

Case number (if known)

| 7. | Within 1 year before you filed for bankrupt | cy, did you make a naym | ent on a debt vou o | wed anvone who | was an insider? | |
|----|---|--|--|--|--|--|
| •• | Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any ger control, or owner of 20% of | neral partners; partner or more of their voting | erships of which yo g securities; and a | ou are a general partner; corporation ny managing agent, including one fo | |
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment | |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a debt that benefited an | |
| | No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name | |
| Pa | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case | |
| | Heights Finance Corporation vs. Robert D Vaughn 48C04-1606-SC-002049 | Collection Madison Circuit Court 4 16 E 9th St #404 Anderson, IN 46016 | | 4 | ■ Pending □ On appeal □ Concluded | |
| | | | | | Post-judgment garnishment on-going | |
| | Mitsui Sumitomo Insurance Group vs. Robert D Vaughn 49D03-1611-CC-39106 | Collection | Marion Superio 200 E. Washing W-406 Indianapolis, IN | gton St. | ■ Pending □ On appeal □ Concluded | |
| | | | | | Post-judgment garnishment on-going | |
| | FirstKey Homes, LLC vs. Robert Vaughn 30D01-1905-CC-001010 | Collection | Hancock Coun Court 1 9 E. Main St. R Greenfield, IN 4 | m. 303 | ☐ Pending ☐ On appeal ☐ Concluded Dismissed 5/31/19 | |
| | FirstKey Homes, LLC vs. Robert Vaughn 30C01-1906-CC-001204 | Collection | Hancock Coun Court 9 E. Main St. R Greenfield, IN 4 | m. 302 | ☐ Pending ☐ On appeal ☐ Concluded | |
| | | | | | Dismissed 7/15/19 | |
| | | | | | | |

Debtor 1 Robert Duane Vaughn

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 41 of 58

Debtor 1 Robert Duane Vaughn Case number (if known) Case title Status of the case Nature of the case Court or agency Case number FirstKey Homes, LLC vs. Robert Collection **Hancock County Circuit** □ Pending Court Vaughn ☐ On appeal 30C01-1908-CC-001614 9 E. Main St. Rm. 302 Concluded Greenfield, IN 46140 Dismissed 9/3/19 FirstKey Homes, LLC vs. Robert Collection **Hancock County Circuit** □ Pending Vaughn Court □ On appeal 30C01-1909-CC-001808 9 E. Main St. Rm. 302 Concluded Greenfield, IN 46140 Dismissed 10/7/19 Collection Pritchett Orthodontics vs. Robert **Warren Township Small** Pending **Claims Court** Vaughn, et al ☐ On appeal 49K06-1811-SC-005906 501 N. Post Rd. ☐ Concluded Indianapolis, IN 46219 Post-judgment garnishment pending Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ■ No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened **Heights Finance Corp** Wages 11/15/19-pres \$428.39 Attn: Bankruptcy ent Po Box 9520 ☐ Property was repossessed. Peoria, IL 61612 ☐ Property was foreclosed. Property was garnished. ☐ Property was attached, seized or levied. Mitsui Sumitomo Insurance Group Wages 8/23/19-prese \$350.00 c/o Pfenninger & Associates nt 9247 N Meridian St Ste 219 ☐ Property was repossessed. Indianapolis, IN 46260 ☐ Property was foreclosed. Property was garnished. ☐ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Amount Date action was taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a

court-appointed receiver, a custodian, or another official?

No

Yes Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 42 of 58

Case number (if known)

| Part | 5: List Certain Gifts and Contribution | ıs | | | |
|------|--|-------------|--|---|--------------------------|
| 13. | ■ No | uptcy, | did you give any gifts with a total value of more t | han \$600 per person | ? |
| | Yes. Fill in the details for each gift. | | | | |
| | Gifts with a total value of more than \$60 per person | 00 | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | Within 2 years before you filed for banks ■ No | uptcy, | did you give any gifts or contributions with a total | al value of more than | \$600 to any charity? |
| | \square Yes. Fill in the details for each gift or o | contribu | ition. | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | Dates you contributed | Value |
| Part | 6: List Certain Losses | | | | |
| | Within 1 year before you filed for bankru or gambling? ■ No □ Yes. Fill in the details. | iptcy o | r since you filed for bankruptcy, did you lose any | thing because of the | it, fire, other disaster |
| | Describe the property you lost and how the loss occurred | | ribe any insurance coverage for the loss | Date of your loss | Value of property |
| | | | le the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | | |
| Dow | 17: List Certain Payments or Transfer | _ | | | |
| | consulted about seeking bankruptcy or | prepar | lid you or anyone else acting on your behalf pay oing a bankruptcy petition? ers, or credit counseling agencies for services require | | rty to anyone you |
| | | | Description and value of any manager. | Data waymant | A |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ′ ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Law Office of Jennifer L. Thornburg LLC 112 N. State St. Greenfield, IN 46140-2176 jthornburg@thornburgbklaw.com | g | Attorney Fees | 11/20/19 | \$865.00 |
| | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha No Yes, Fill in the details. | ditors | | or transfer any prope | rty to anyone who |
| | Person Who Was Paid | | Description and value of any property | Date payment | Amount of |
| | Address | | transferred | or transfer was made | payment |
| | | | | | |

Debtor 1 Robert Duane Vaughn

| ebtor 1 | Robert | Duane | Vaugh |
|---------|--------|-------|-------|
| ebtor 1 | Robert | Duane | Vaugh |

Case number (if known)

| 18. | Within 2 years before you filed for bankruptor transferred in the ordinary course of your build like the properties of the properties of your build like the properties of your build like the properties of your building transfers and transfers may include gifts and transfers that you have already to have already to you have a | usiness or financial affa ide as security (such as t | airs? the granting of a | | | |
|-----|--|--|-----------------------------|-------------|---|---|
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transfer | | payme | ibe any property or ents received or debts n exchange | Date transfer was made |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details. | | y property to a | self-settle | d trust or similar device | of which you are a |
| | Name of trust | Description and v | alue of the prop | perty trans | ferred | Date Transfer was made |
| Pai | tt 8: List of Certain Financial Accounts, Ins | truments, Safe Deposi | t Boxes, and Sto | orage Unit | s | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association No | r other financial accou | nts; certificates | of deposi | | , , |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accounts instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | rear before you filed for | bankruptcy, ar | ny safe dep | oosit box or other depos | itory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit o | r place other than your | home within 1 | year befor | e you filed for bankrupto | cy? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Pai | rt 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | Do you hold or control any property that sor for someone. | meone else owns? Incl | ude any propert | ty you borr | owed from, are storing f | for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Pai | rt 10: Give Details About Environmental Info | ormation | | | | |
| For | the nurnose of Part 10, the following definition | ns anniv | | | | |

For the purpose of Part 10, the following definitions apply:

Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Robert Duane Vaughn

Case number (if known)

From-To June 2018

| | reg | ulations controlling the cleanup of thes | e su | bstances, wastes, or material. | | | | | |
|------|--|---|---------|--|--------|--|-----------------------|--|--|
| | | e means any location, facility, or propert own, operate, or utilize it, including disp | - | | l law, | whether you now own, operate, o | or utilize it or used | | |
| | | ardous material means anything an env ardous material, pollutant, contaminant | | | ıs wa | ste, hazardous substance, toxic s | substance, | | |
| Rep | ort a | II notices, releases, and proceedings th | nat y | ou know about, regardless of whe | en the | ey occurred. | | | |
| 24. | Has | any governmental unit notified you tha | at yo | u may be liable or potentially liabl | e unc | der or in violation of an environme | ental law? | | |
| ■ No | | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | Na | me of site | | Governmental unit | | Environmental law, if you | Date of notice | | |
| | Ad | dress (Number, Street, City, State and ZIP Code) | | Address (Number, Street, City, State at ZIP Code) | nd | know it | | | |
| 25. | Hav | re you notified any governmental unit of | f any | release of hazardous material? | | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State a ZIP Code) | nd | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | re you been a party in any judicial or ad | mini | strative proceeding under any env | vironr | mental law? Include settlements a | and orders. | | |
| | _ | | | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | | |
| | Case Title | | | Court or agency Nat | | ture of the case | Status of the | | |
| | | se Number | | Name Address (Number, Street, City, | | turo or ano ouco | case | | |
| | | _ | | State and ZIP Code) | | | | | |
| Pai | t 11: | Give Details About Your Business or | Cor | nections to Any Business | | | | | |
| 27. | Wit | hin 4 years before you filed for bankrup | tcy, | did you own a business or have a | ny of | the following connections to any | business? | | |
| | | ☐ A sole proprietor or self-employed | in a | trade, profession, or other activity | , eith | er full-time or part-time | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | |
| | | ☐ An officer, director, or managing ex | xecu | tive of a corporation | | | | | |
| | | ☐ An owner of at least 5% of the votin | ng oı | equity securities of a corporation | า | | | | |
| | | No. None of the above applies. Go to | Part | 12. | | | | | |
| | | Yes. Check all that apply above and fil | ll in t | he details below for each busines | SS. | | | | |
| | | siness Name | De | escribe the nature of the business | | Employer Identification number | | | |
| | Address (Number, Street, City, State and ZIP Code) | | Na | Name of accountant or bookkeeper | | Do not include Social Security number or ITIN. | | | |
| | D- | Robert Vaughn Racing LLC Parts manufacture EIN: Unknown | | | | | | | |
| | KC | bert Vaughn Racing LLC | 78 | arts manufacture | | EIN: Unknown | | | |

737 Fern St

Greenfield, IN 46140-7528

None

Case 19-08796-RLM-7 Doc 1 Filed 11/26/19 EOD 11/26/19 11:00:28 Pg 45 of 58

| Debt | tor 1 Robert Duane Vaughn | Case number (if known) |
|-------------------------|--|--|
| | Within 2 years before you filed for bankru institutions, creditors, or other parties. | ptcy, did you give a financial statement to anyone about your business? Include all financial |
| | ■ No □ Yes. Fill in the details below. | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
| Part | 12: Sign Below | |
| are to with 18 U. | rue and correct. I understand that making | Financial Affairs and any attachments, and I declare under penalty of perjury that the answers a false statement, concealing property, or obtaining money or property by fraud in connection o \$250,000, or imprisonment for up to 20 years, or both. |
| | pert Duane Vaughn nature of Debtor 1 | Signature of Debtor 2 |
| Date | 11/25/2019 | Date |
| Did y ■ No | | nent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did y ■ No | ., | ot an attorney to help you fill out bankruptcy forms? |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this inf | formation to identify your | case: | | |
|---------------------------------|--|-----------------------|--|--|
| Debtor 1 | Robert Duane Va | | | |
| 200101 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | | | | |
| United States | Bankruptcy Court for the: | SOUTHERN DIS | TRICT OF INDIANA | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |
| | | | | |
| Official F | Form 108 | | | |
| Statem | ent of Intentio | n for Indiv | riduals Filing Under Chap | ter 7 12/15 |
| | | | | |
| | ndividual filing under cha | - | I out this form if: | |
| | ave claims secured by yo | | | |
| | eased personal property a | | ot expired. you file your bankruptcy petition or by the date | set for the meeting of creditors |
| whic | chever is earlier, unless th | | e time for cause. You must also send copies to | |
| on t | he form | | | |
| | | r in a joint case, bo | th are equally responsible for supplying correct | information. Both debtors must |
| sign | and date the form. | | | |
| | | | s needed, attach a separate sheet to this form. O | n the top of any additional pages, |
| write | e your name and case nur | nber (if known). | | |
| Part 1: List | t Your Creditors Who Hav | e Secured Claims | | |
| 1 For any cre | ditors that you listed in Pa | art 1 of Schedule D | : Creditors Who Have Claims Secured by Prope | rty (Official Form 106D), fill in the |
| information | below. | | , · | |
| Identify the | creditor and the property t | hat is collateral | What do you intend to do with the property th secures a debt? | at Did you claim the property as exempt on Schedule C? |
| | | | | , , , , , , , , , , , , , , , , , , , |
| | | | _ | _ |
| Creditor's name: | Heights Finance Corp Attn: Bankruptcy | | ☐ Surrender the property. | □ No |
| name. | Po Box 9520 | | ☐ Retain the property and redeem it. | ■ Yes |
| | Peoria, IL 61612 | | _ | . 66 |
| Description | of Televisions, laptor | o. and | ☐ Retain the property and enter into a Reaffirmation Agreement. | |
| property | furniture Located | | Retain the property and [explain]: | |
| securing de | _{ebt:} residence | | avoid lien using 11 U.S.C. § 522(f) | |
| | | | | |
| Creditor's | Dragrassiva Lassing | | | □No |
| name: | Progressive Leasing 256 W Data Dr | | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| | Draper, UT 84020 | | - Retain the property and redeem it. | ■ Yes |
| Description | of Bed Located at de | htor's | Retain the property and enter into a | |
| property | residence | biol 3 | Reaffirmation Agreement. | |
| securing de | ebt: | | ☐ Retain the property and [explain]: | |
| | | | | |
| Creditor's | World Acceptance Co | arn | Currender the present | Пма |
| Orcaitor 5 | World Acceptance Co Attn: Bankruptcy | "P | ☐ Surrender the property. | □ No |
| | Po Box 6429 | | | ■ Yes |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| Deb | tor 1 Robert D | uane Vaughn | Case number (if | known) |
|------|--|--|---|--|
| D. | escription of Te | nville, SC 29606 levisions, laptop, and rniture Located at debtor's sidence | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. ■ Retain the property and [explain]: avoid lien using 11 U.S.C. § 522(f) | |
| or a | any unexpired pe e information bel | ow. Do not list real estate leases. | es led in Schedule G: Executory Contracts and Une Unexpired leases are leases that are still in effe if the trustee does not assume it. 11 U.S.C. § 36 | ect; the lease period has not yet ended. |
| Des | cribe your unexp | pired personal property leases | | Will the lease be assumed? |
| Less | sor's name: | FirstKey Homes 6982 Hillsdale Ct | | □ No |
| | cription of leased perty: | Indianapolis IN 46250-0000 12-month lease for residenc | e which began in December 1, 2019 | ■ Yes |
| Less | sor's name: | Verizon P.O. Box 4002 | | □ No |
| Prop | cription of leased erty: | | ce and device which began in September 2 | ■ Yes |
| | er penalty of perj | | my intention about any property of my estate th | nat secures a debt and any personal |
| X | /s/ Robert Duane Robert Duane Signature of Deb | Vaughn | Signature of Debtor 2 | |
| | Date | /2019 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7 : | Liquidation |
|---------|------------|--------------------|
| \$ | 245 | filing fee |
| ; | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| \$ | 335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Indiana

| In re | Robert Duane Vaughn | | Case No |) . | |
|-------|---|--|---|-------------------------------------|-----------------|
| | <u>_</u> | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR I | DEBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy | , or agreed to be pa | id to me, for services i | |
| | For legal services, I have agreed to accept | | s | 865.00 | |
| | Prior to the filing of this statement I have received | | | 865.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | unless they are me | mbers and associates | of my law firm. |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | law firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to r | ender legal service for all aspec | ts of the bankruptcy | case, including: | |
| | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on how | tement of affairs and plan which tors and confirmation hearing, a reduce to market value; ex ons as needed; preparatior | n may be required; nd any adjourned h emption plannin | earings thereof; g; preparation and | filing of |
| 7. | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diproceeding. | | | ons, or any other a | dversary |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of arbankruptcy proceeding. | ny agreement or arrangement for | r payment to me for | representation of the | debtor(s) in |
| 1 | 1/25/2019 | /s/ Jennifer L. Th | ornburg | | |
| I | Date | Jennifer L. Thorr | nburg 24001-76, | Indiana | |
| | | Signature of Attorno Law Office of Jei | | urg LLC | |
| | | 112 N. State St. | | - | |
| | | Greenfield, IN 46 (317) 477-8094 F | | 04 | |
| | | jthornburg@thor | | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Southern District of Indiana

| | | Southern District of Indiana | | |
|-------|---------------------------------------|---|--------------------|-----------------------|
| n re | Robert Duane Vaughn | | Case No. | |
| | - | Debtor(s) | Chapter | 7 |
| | | | | |
| | VERIF | ICATION OF CREDITOR I | MATRIX | |
| e abo | ove-named Debtor hereby verifies that | t the attached list of creditors is true and co | orrect to the best | of his/her knowledge. |
| Date: | 11/25/2019 | /s/ Robert Duane Vaughn | | |
| | | Robert Duane Vaughn | | |

Signature of Debtor

JENNIFER L. THORNBURG LAW OFFICE OF JENNIFER L. THORNBURG LLC 112 N. STATE ST. GREENFIELD, IN 46140-2176

AARON'S SALES & LEASE ATTN: BANKRUPTCY PO BOX 100039 KENNESAW, GA 30156

AMERICOLLECT PO BOX 1566 1851 SOUTH ALVERNO ROAD MANITOWOC, WI 54221

ATLAS COLLECTIONS INC. 1410 BROAD ST. NEW CASTLE, IN 47362

BULL CITY FINANCIAL SOLUTIONS 2609 NORTH DUKE STREET SUITE 500 DURHAM, NC 27704

CREDIT MANAGEMENT, LP ATTN: BANKRUPTCY PO BOX 118288 CARROLLTON, TX 75011

ERC/ENHANCED RECOVERY CORP ATTN: BANKRUPTCY 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256 FIRSTKEY HOMES
6982 HILLSDALE CT
INDIANAPOLIS, IN 46250

HANCOCK COUNTY CHILD S 27 AMERICAN LEGION PL GREENFIELD, IN 46140

HEIGHTS FINANCE CORP ATTN: BANKRUPTCY PO BOX 9520 PEORIA, IL 61612

HENRY CIRCUIT COURT 3 1215 RACE ST. P.O. BOX B 33C03-1711-SC-001020 NEW CASTLE, IN 47362

HENRY COUNTY HOSPITAL 1000 N. 16TH ST. NEW CASTLE, IN 47362

INDIANA DEPARTMENT OF REVENUE 100 N. SENATE AVE. ROOM N203 - BANKRUPTCY INDIANAPOLIS, IN 46204

INDIANA FINANCE COMPAN POB 49 ANDERSON, IN 46015 INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA, PA 19101-7346

JAMES E. MILLIKAN, ESQ. MILLIKAN LAW OFFICE, PC 1315 BROAD ST. NEW CASTLE, IN 47362

KEYBRIDGE MEDICAL REVENUE ATTN: BANKRUPTCY PO BOX 1568 LIMA, OH 45802

MADISON CIRCUIT COURT 4 16 E 9TH ST #404 48C04-1606-SC-002049 ANDERSON, IN 46016

MARINER FINANCE ATTN: BANKRUPTCY 8211 TOWN CENTER DRIVE NOTTINGHAM, MD 21236

MARION SUPERIOR COURT 3 200 E. WASHINGTON ST. W-406 49D03-1611-CC-39106 INDIANAPOLIS, IN 46204

MITSUI SUMITOMO INSURANCE GROUP C/O PFENNINGER & ASSOCIATES 9247 N MERIDIAN ST STE 219 INDIANAPOLIS, IN 46260 OAK MOTORS INC POB 1236 ANDERSON, IN 46015

ONEMAIN FINANCIAL ATTN: BANKRUPTCY PO BOX 3251 EVANSVILLE, IN 47731

PRITCHETT ORTHODONTICS 9602 E. WASHINGTON ST. INDIANAPOLIS, IN 46229

PROGRESSIVE LEASING 256 W DATA DR DRAPER, UT 84020

REBECCA VAUGHN 100 LEE STREET, APT. 5 SHIRLEY, IN 47384

REDMAN LUDWIG PC 151 NORTH DELAWARE STREET STE 1150 INDIANAPOLIS, IN 46204

ROBERT CRANE, ESQ.
ROBERT CRANE & ASSOCIATES
P.O. BOX 151684
ANDERSON, IN 46015

VERIZON P.O. BOX 4002 ACWORTH, GA 30101

WARREN TOWNSHIP SMALL CLAIMS COURT 501 N. POST RD. 49K06-1811-SC-005906 INDIANAPOLIS, IN 46219

WESTCREEK FI ATTN: BANKRUPTCY PO BOX 5518 GLEN ALLEN, VA 23058

WORLD ACCEPTANCE CORP ATTN: BANKRUPTCY PO BOX 6429 GREENVILLE, SC 29606